

## **Diagnostic Assessment (MH/DD/SA) Endorsement Check Sheet Instructions**

### **Introduction**

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for conditional and full endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

A diagnostic/assessment determines whether the recipient is appropriate for and can benefit from mental health, developmental disabilities, and/or substance abuse services based on the recipient's diagnosis, presenting problems, and treatment/recovery goals. It also evaluates the recipient's level of readiness and motivation to engage in treatment. Results from a diagnostic/assessment include an interpretation of the assessment information, appropriate case formulation and an order for immediate needs and the development of the person centered plan.

### **Provider Requirements**

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

**a (1). Conditional: New Providers;** Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)

**Full:** If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

**a (2). Conditional: New Providers;** Policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment with DMA.

## **Diagnostic Assessment (MH/DD/SA) Endorsement Check Sheet Instructions**

**Conditional: New Providers;** The DMA enrollment documentation should be reviewed to verify the provider's date of enrollment with DMA.

**Full:** Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

**a (3). Conditional and Full:** Review documentation that demonstrates provider is a legal U.S. business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

### **Staffing Requirements**

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the "Program/Clinical Requirements" section of the endorsement review.

**a (1). Conditional: New Providers;** Policy and procedure manuals, program descriptions, and job descriptions specify the intent that the two Qualified Professionals hired to provide Diagnostic Assessment will have the skill, knowledge and experience to provide the intensive clinical & functional evaluation specified in the Program Requirements section below.

**Full:** Review employment application, resume, license, certification, or other documentation for evidence that at least two of the staff on the Diagnostic Assessment team meet the requirements for a Qualified Professional according to 10A NCAC 27.G.0104 and that both are licensed or certified.

**a (2). Conditional: New Providers;** Policy and procedure manuals, program descriptions, and job descriptions specify the intent that one of the Qualified Professionals hired to provide Diagnostic Assessment will be a licensed physician, licensed psychologist, nurse practitioner, or physician assistant.

**Full:** Review employment application, resume, license, certification, or other documentation for evidence that at least one of the staff on the Diagnostic Assessment team a licensed physician, licensed psychologist, nurse practitioner, or physician assistant.

**a (3). Conditional: New Providers;** Policy and procedure manuals, program descriptions, and job descriptions specify the intent that for SA focused diagnostic assessment the team must include a qualified professional credentialed as a CCS or LCAS and that for a DD focused assessment, the team must include a Master's level QP with at least 2 years experience with DD.

## **Diagnostic Assessment (MH/DD/SA) Endorsement Check Sheet Instructions**

**Full:** Review employment application, resume, license, certification, or other documentation for evidence that, for SA assessments, there is a CCS or LCAS and that for DD assessments there is a Master's level QP with at least 2 years experience with DD on the team.

### **Service Type/Setting**

The elements in this section pertain to the provider's having an understanding of Diagnostic Assessment is a periodic service that can be provided in any location.

**Conditional and Full:** Review documentation that demonstrates that Diagnostic Assessment as a periodic service is being provided in appropriate locations.

### **Program Requirements**

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs and that the service results in a documented outcome that meets all eight elements within the Diagnostic Assessment service definition.

**a. Conditional: New Providers;** Review in policy and procedure manuals, program descriptions, and personnel descriptions for language demonstrating their intent that a Diagnostic Assessment shall be performed by a diagnostic/assessment team for each recipient being considered for receipt of services in the MH/DD/SA enhanced benefit package.

**Full:** Review documentation for evidence that a Diagnostic Assessment was completed on every individual receiving enhanced services.

**b. Conditional: New Providers;** Review in policy and procedure manuals and program descriptions for language demonstrating that the Diagnostic Assessment will be an intensive clinical & functional evaluation of a consumer's mental health, developmental disability or substance abuse condition that results in the issuance of a diagnostic assessment report with a recommendation regarding whether the consumer meets target population criteria. Review for evidence that documents that the Diagnostic Assessment will contain all eight required elements and provide recommendations for enhanced benefit service delivery.

**Full:** Review documentation for evidence that a Diagnostic Assessment was completed on every individual receiving enhanced services. Review the diagnostic assessment for evidence of each of the following eight elements:

1. A chronological general health and behavioral health history (includes both mental health and substance abuse) of the recipients symptoms, treatment, treatment response and attitudes about treatment over time, emphasizing factors that have contributed to or inhibited previous recovery efforts;
2. Biological, psychological, familial, social, developmental and environmental dimensions and identified strengths and weaknesses in each area;
3. A description of the presenting problems, including source of distress, precipitating events, associated problems or symptoms, recent progressions, and current medications
4. Strengths/problems summary which addresses risk of harm, functional status, comorbidity, recovery environment, and treatment and recovery history;
5. Diagnoses on all five axes of DSM-IV;

**Diagnostic Assessment (MH/DD/SA)  
Endorsement Check Sheet Instructions**

6. Evidence of an interdisciplinary team progress note that documents the team's review and discussion of the assessment;
7. A recommendation regarding target population eligibility; and
8. Evidence of recipient participation including families, or when applicable, guardians or other caregivers.

**c. Conditional: New Providers;** Review in policy and procedure manuals and program descriptions for language demonstrating that for substance abuse focused diagnostic assessments, the designated diagnostic tool specified by the division (e.g. SUDDS IV, ASI, SASSI) for specific SA target populations, (i.e. Work first, DWI, etc) will be utilized and that any elements included in this service definition that are not covered by the tool will be completed.

**Full:** Review documentation for evidence that the Diagnostic Assessments on individuals in SA target populations included the designated diagnostic tool specified by the division.

**Documentation Requirements**

**Conditional: New Providers;** Review in policy and procedure manuals and program descriptions for language demonstrating that documentation for the Diagnostic Assessment will include all eight of the elements listed in the service definition.

**Full:** Review the documentation for the Diagnostic Assessment for evidence that all eight of the required elements in the service definition were addressed.